

SUMMARY OF THE DISCUSSION: I.  
THE ORGANIZATIONAL  
ENVIRONMENT AND ETHICAL  
CONDUCT IN OCCUPATIONAL  
MEDICINE \*

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**T***O what extent is the emphasis on the large corporation which is the apparent focus of this conference justified?*

Several members of the audience noted that the focus on the modern multiunit business enterprise administered by a hierarchy of salaried managers could not be entirely justified since these large corporations do not now employ the majority of workers. Indeed, it was argued that a great problem still exists in furnishing adequate occupational health services for companies with less than 500 employees.

Dr. Robert W. Ackerman responded by noting that although there were undoubtedly ethical problems in health and safety programs in small businesses which deserve attention, from his perspective the management problem is simpler in the small corporation because in a small firm the distance between top management and the factory floor is shorter than in the large corporation. Professor Milton R. Wessel agreed with Dr. Ackerman. The rules of behavior of the private sector on such issues as the environment, occupational health and safety, and equal employment opportunity have changed remarkably in the past 20 years. In Professor Wessel's view, the large corporation comprises that part of the private sector that is likely to lead in establishing new rules to govern corporate behavior in social areas. Large corporations are in a position to reexamine the old rules in response to internal and external pressures and have the independence and the talent to set new rules.

*How are the appropriate relations established between top management and occupational health and safety concerns?*

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One participant suggested that a major problem is how to get top management as well as the divisional manager to listen when occupational health physicians do not report to top management. When the message is delivered, often the answer is heard that the advocate for occupational health is self-serving. What happens, another asked, when a corporate divisional manager is indifferent to a request that adequate protective devices be introduced to safeguard the worker's health? Dr. Ackerman suggested that this situation represents a typical organizational dilemma in the multiunit corporation—a specialist trying to coordinate the actions of a general manager.

Others suggested that even more serious than obtaining the interest of top management in health and safety was the problem of turnover among all levels of management. Dr. Norbert J. Roberts suggested that one way to deal with this problem is to persuade top management to adopt written policies in regard to occupational health and safety. Centralized administration of the occupational health program would overcome the weakness inherent in decentralized administration of health programs in a corporation by raising the salience of health issues.

Dr. Ackerman again suggested that the main problem was to integrate concern for the worker's health in the reward system of the divisional manager. Inadequately designed reward systems in corporations have had other deleterious effects, as Dr. Bertram Dinman noted. Some divisional managers, because of their preoccupation with current profit and loss statements, may neglect the maintenance or expansion of equipment and plant and do not make an adequate commitment to necessary capital investment.

Dr. Ackerman suggested that a good deal of groundwork must be laid before performance will improve in health and safety at the divisional corporate level. Attempts to implement this concern will fail unless managers learn how to respond to the data that are developed. In improving health and safety conditions, managers need technical help on how to keep score and on how to develop plans that are similar to those in the area of production so that result-oriented managers can determine whether they are doing a good job.

*What are the benefits to the corporation in reducing job-related disease and injury among their employees?*

One participant suggested that only if the wealth of the corporation is improved will there be greater efforts than are now made by the manage-

ment to invest in more health and safety measures. Another suggested that this is an oversimplification. External regulations and penalties may make it less expensive for the corporation to improve health and safety than not to deal with it. It is particularly important to anticipate future changes. In introducing new substances it is often more economical in the long run to set exposures as low as possible, even though the current standard is not yet so stringent.

*How should the corporation handle the issue of tradeoffs or cost effectiveness when the worker's health and safety is involved?*

One member of the audience suggested that the physician should never make the worker's health secondary to other conditions, and thus the notion of a tradeoff was unacceptable to him. Another physician suggested that physicians themselves must make tradeoffs in the use of resources to protect their patients' health when they decide how much time they must spend with their patients.

Dr. Ackerman suggested that the corporate executive is besieged from all sides by many different groups with separate constituencies with each group arguing for its particular cause. How does management decide? Congress passes the Occupational Safety and Health Act, the Environmental Protection Agency, and other legislation, but does not establish priorities among these programs. The issue is not whether the corporate physician has the corporate president's ear, according to Dr. Ackerman. Everyone has the president's ear; all forces are lobbying in the social arena; we are dealing with a good deal of uncertainty. Issues evolve over time. We did not know as much about asbestos as we do now. It was difficult to determine whether the issue of employee health and safety would catch on. This is something that the public has to determine. The manager has a good deal of discretion and so it is not a question of compulsion versus discretion. Rules have been mandated over time and have never been successful; prohibition is a case in point. The manager must respond to issues that are important to the survival of his business; he is committed to learn what has to be done. This is a commitment to a process rather than to a specific action. The corporation must choose among issues whether or not the issue relates to the basic success of the company and the industry. Government regulations, unions, and recruitment of employees are all involved, for example, in coal-mine safety. Other issues may not be as important in the coal industry as the issue of safety, but the more the issue is related to the success of the business the

more it will get the attention of the management. Public attitudes are particularly important in this connection.

*How was the Ethical Code of the American Occupational Medical Association (AOMA) publicized?*

The AOMA adopted a relatively brief code, which was published on the cover of the August 1976 issue of the *Journal of Occupational Medicine*. Professor Donald Whorton, Mr. Morris E. Davis, and Dr. Ephraim Kahn proposed an alternative code. In the rush to publish the code and to publicize it, although the code appeared on the cover of the journal and there was a president's column discussing the code, this material was not indexed.

*What are occupational health professionals' responsibilities to undertake epidemiological research?*

Dr. Alan Westin of Columbia University suggested that industry has a responsibility to analyze the epidemiological complications of information gathered on the worker's exposure to hazardous substances. Members of the audience referred to the good epidemiological studies that had been done in some companies. Dr. William E. Morton of the University of Oregon expressed a concern that some companies that had going programs were no longer as active as they were earlier in pursuing these matters.

#### DILEMMAS IN OCCUPATIONAL HEALTH

In a comment, Dr. Leon J. Warshaw of Equitable Life Assurance Society raised the following issues. He agreed with Dr. Ackerman that laws and regulations in the occupational-health field are frequently in conflict. It is impossible to comply with all of them. When does one have sufficient proof to convert knowledge into action? How do we communicate our knowledge into action in a language that management can understand? To whom do we communicate this information? What is one's obligation when the response is inadequate? When is silence, going public, or resignation under protest appropriate? Each might be justified, depending on the particular situation. Dr. Warshaw called for the analysis of each case in the light of general principles to determine what would be an appropriate response.

Dr. Ackerman said that ethics has to be placed in the context in which the organization operates. Organizations are not run on ethical principles any more than they are run on economic principles. Organizational constraints are important, and one has to deal with specific conflicts. Choices

involve giving up options. Where penalties are imposed or rewards are given for specific behavior, incentives are then available to foster conduct in accordance with publicly determined values. The ethical code of AOMA, with its procedures for compliance, places the privilege and influence of the organization behind ways of resolving the complaint to improve the health and safety of the worker.

The health worker in industry is in a fortunate position, in a sense, because he has greater capacity to practice preventive medicine, according to Dr. Robert Hilker, than any health professional in the country. He should also take a much more active part in monitoring health-benefit insurance programs which are provided to employees as an employee benefit, according to Dr. Hilker and Dr. Alfred C. Neal, since billions of dollars flow from industry to health institutes, and they felt there was inadequate supervision of these programs.